PTQ/8B/08 (12-04)

Approved for use through 7/31/2009, OMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Palerd and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 0/680509 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE (87 OFR 1.10(a), (b), or (o)) RATE (\$) FEE (\$) RATE (\$) FEE (\$) 8EARCH-FEE (87 OFR 1.16(k), (f), or (m)) EXAMINATION FEE (87 OFR 1,16(0), (p), or (q)) TOTAL CLAIMS (07 OFR 1.16(1)) minus 20 = INDEPENDENT CLAIMS OR (87 OFR 1.16(h)) minus 8 = x **E** If the specification and drawings exceed 100 APPLICATION SIZE streets of paper, the application size fee due is \$250 (\$125 for small entity) for each (87 OFR 1.16(s)) additional 50 sheets or fraction thereof. See 85 U.S.O. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.16(1)) ullet if the difference in column 1 is less than zero, enter $^{\circ}$ 0° in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (\$) AFTER ADD1-**PREVIOUSLY** EXTRA RATE (\$) ADDL MENDMENT TIONAL FEE (\$) AMENDMEN PAID FOR TIONAL' Total Minus FEE (\$) x 25 00 72 5000 Independent (37 OFFI 1.15(h)) OR Minus ×1000 × 2000= Application Size Fee (37 CFR 1,16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) OR TOTAL ADD'L FEE TOTAL OR: ADD'L FEE (Column 1) (Column 2) (Column 8) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER MENDMENT RATE (\$) ADDL PREVIOUSLY RATE (\$) EXTRA ADDI-TIONAL FEE (\$) PAID FOR TIONAL Total (17 CFR L166)) Minus FEE (\$) Independent (17 OFR 1.166) OR Minus Application Size Fee (37 CFR 1.16(s)) OR x FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 OFR 1.16(1)) OR TOTAL TOTAL OR ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.